

## ICMJE DISCLOSURE FORM

Date: 19.06.2023

Your Name: Sarah Maike Bernhard

Manuscript Title "A proposal for a revision of the phlebographic classification of congenital venous malformations"

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

**Please summarize the above conflict of interest in the following box:**

**Please place an "X" next to the following statement to indicate your agreement:**

**X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJJE DISCLOSURE FORM

Date: Nov. 27<sup>th</sup>, 2023

Your Name: Kammer, Rafael

Manuscript Title: A proposal for a revision of the phlebographic classification of congenital venous malformations

Manuscript number (if known): CDT-23-378

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Rafael Kammer  
 Bern November 27, 2023

## ICMJE DISCLOSURE FORM

Date: 20.06.2023  
 Your Name: Marie Roumet  
 Manuscript Title: A proposal for a revision of the phlebographic classification of congenital venous malformations  
 Manuscript number (if known): \_\_\_\_\_

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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	See below	Affiliated with CTU Bern, University of Bern

**Please summarize the above conflict of interest in the following box:**

MR is affiliated with CTU Bern, University of Bern, which has a staff policy of not accepting honoraria or consultancy fees. However, CTU Bern is involved in design, conduct, or analysis of clinical studies funded by not-for-profit and for-profit organizations. In particular, pharmaceutical and medical device companies provide direct funding to some of these studies.

For an up-to-date list of CTU Bern's conflicts of interest see [http://www.ctu.unibe.ch/research/declaration\\_of\\_interest/index\\_eng.html](http://www.ctu.unibe.ch/research/declaration_of_interest/index_eng.html)

**Please place an "X" next to the following statement to indicate your agreement:**

**I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: 6<sup>th</sup> June 2023

Your Name: Fabian Haupt

Manuscript Title: A proposal for a revision of the phlebographic classification of congenital venous malformations

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	None	

**Please summarize the above conflict of interest in the following box:**

nothing to disclose

**Please place an "X" next to the following statement to indicate your agreement:**

**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**



## ICMJE DISCLOSURE FORM

Date: 19.06.2023

Your Name: Aleksandra Tuleja

Manuscript Title "A proposal for a revision of the phlebographic classification of congenital venous malformations"

Manuscript number (if known): \_\_\_\_\_

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
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13	Other financial or non-financial interests	___ None	

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**Please place an "X" next to the following statement to indicate your agreement:**

**X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: Nov. 12<sup>th</sup>, 2023

Your Name: Schindewolf, Marc

Manuscript Title: A proposal for a revision of the phlebographic classification of congenital venous malformations

Manuscript number (if known): CDT-23-378

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I, Marc Schindewolf, certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Marc Schindewolf**  
**Bern November 12, 2023**

## ICMJE DISCLOSURE FORM

Date: 30.11.2023

Your Name: I. Baumgartner

Manuscript Title: A proposal for a revision of the phlebographic classification of congenital venous malformations

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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